

Business License Application

City of Wyoming

City Clerk's Office
1155 28th Street SW
Wyoming, MI 49509-0905
Phone: 616-530-7296
Email: clerk_info@wyomingmi.gov



Business Name:		
Description of Business:	Business Start Date:	
Federal Tax ID (FEIN):	State Tax ID#:	State License #:
Business Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone: _____ Fax: _____ Email: _____	
Business Mailing Address (if different than business address):	Type of Business: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Corporation	
Owner's Full Name and Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone: _____ Email: _____ Date of Birth: _____ Driver's License No.: _____	
Additional Owner Full Name & Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Phone: _____ Email: _____ Date of Birth: _____ Driver's License No.: _____	
Emergency Contact #1: Name: _____ Address: _____ City, State, Zip: _____	Home Phone: _____ Business Phone: _____ Cell Phone: _____	
Emergency Contact #2: Name: _____ Address: _____ City, State, Zip: _____	Home Phone: _____ Business Phone: _____ Cell Phone: _____	

I declare, under penalty of perjury, that the information contained in this application is true and correct.

Signature

Title

Date

FOR OFFICE USE ONLY

Business Type:		<input type="checkbox"/> Entered ID Check Y / N / NA
Date App Received:	Date Fee Received:	Fee Received: \$
Initials:	Initials:	Business ID #

Department	Signature	Date	Comments
Planning			
Inspections			
Fire			
Police			
Treasury			